

UNIVERSITY OF MIAMI
INTERNATIONAL OBSERVERSHIP PROGRAM
POLICY AND PROCEDURE

MEDICAL SCHOOL

EFFECTIVE OCTOBER 1, 2002

PREPARED BY
THE OFFICE OF THE GENERAL COUNSEL
IN CONJUNCTION WITH
THE DEPARTMENT OF INTERNATIONAL STUDENT
AND SCHOLAR SERVICES

04/30/18

INTERNATIONAL OBSERVERSHIP PROGRAM POLICY AND PROCEDURE

MEDICAL SCHOOL

I. Purpose:

To provide guidelines for the establishment of an international observership program, which would permit qualified foreign nationals to visit the University of Miami for the purpose of observing certain activities at the University on a temporary, restricted basis.

II. Policy:

In keeping with its commitment to global exchange, the University of Miami establishes an International Observership Program. Such program shall be open to qualified foreign nationals who wish to visit the University for a short period of time to observe the activities of a particular department, division, center or institute at the University (hereinafter generically referred to as a “Department”).

- 1. B-1/B-2 Visa or Visa Waiver Program Status:** A foreign national wishing to participate in the International Observership Program (hereinafter referred to as “Participant”) shall be responsible for obtaining a B-1 (Visitor for Business) or B-2 (Visitor for Tourism) non-immigrant visa from the appropriate authorities or for entering the United States under the VWB (Visa Waiver for Business) or VWT (Visa Waiver for Tourism) Program, and for maintaining and complying with all legal requirements of such status during the entire duration of a Participant’s observership. A participant must be in the possession of an unexpired, valid passport and maintain the validity of such passport for the entire duration of the Participant’s observership. Any and all costs incurred in obtaining or maintaining a Participant’s visa status shall be borne by the Participant. A Participant may use the invitation letter or other materials regarding the International Observership Program given to the Participant by the Department in support of the Participant’s application for a B-1/B-2 visa or to enter in VWB/VWT status, but the University shall not be required to sponsor or otherwise support the application of a Participant for such visa or status.
- 2. Other Non-Immigrant Visas:** Other foreign nationals who are in the United States in non-immigrant status obtained through or dependent on their spouses’ non-immigrant status (e.g., H-4, L-2, F-2, etc.) shall be eligible to participate in the International Observership Program under the same terms and conditions as a foreign national participating in the International Observership Program on a B-1/B-2 visa or through the VWB/VWT Program, as set forth in this Policy and Procedure.
- 3. Length of Observership:** The length of time for a Participant’s observership shall

depend upon the particular activities the Participant shall be observing at the University, **but an observership shall not last longer than three (3) months**. Upon the expiration of a Participant's observership, he/she will no longer be permitted access to University facilities. An observership is strictly a voluntary program and can be terminated at any time by either a Participant or the University, with or without cause. Foreign nationals who will be on campus for one day (12 hours maximum) or less are not required to participate in the International Observership Program but may do so.

4. **Observership Activities:**

- a. **Observation only.** An observership shall be strictly an observational tutorial program. Accordingly, each Participant shall only be permitted to observe the activities of a Department at the University and to discuss his/her observations with applicable University employees. **A Participant shall in no way be permitted to actively participate in patient care or contact, examination, research or other work during his/her observership.** A Participant shall at all times be treated by the University as a visitor and any Department that allows a Participant to do more than observe may be denied the privilege of having observership Participants in the future.
- b. **Compensation.** **A Participant in an observership for nine (9) days or less may receive an honorarium or other reimbursement of the Participant's travel or incidental expenses from the University.¹ A Participant, in an observership for more than nine (9) days shall not be entitled to receive nor shall be offered any compensation, reimbursement or remuneration for his/her participation in the observership. At no time should a Participant be considered or held out to be an agent, servant or employee of the University. Any and all expenses incurred by a Participant during his/her observership shall be borne by the Participant.**
- c. **Confidentiality.** Each Department shall ensure that a Participant maintains the confidentiality of records and files of the University during a Participant's observership.
- d. **Expiration of Observership.** Each Department will be responsible for ensuring that the Participant's observership ceases at that time.
- e. **Certificate of Participation.** At the end of a Participant's observership, a Department may issue the Participant a certificate to evidence the Participant's successful completion of the observership. The certificate to be issued to the Participant must be substantially in the form attached hereto as

¹For such a Participant to be entitled to the payment of an honorarium or travel or incidental expenses, the Participant cannot have accepted payment of an honorarium or reimbursement of travel or incidental expenses from more than five (5) institutions or organizations in the United States in previous six (6) months.

Attachment 4. The inclusion of any other language on the certificate must be approved by the Office of the General Counsel before the issuance of the certificate to the Participant.

5. **Medical Insurance:** A Participant whose observership will last longer than two (2) weeks shall be required to show proof, upon arrival at the University, of medical insurance adequate to cover the Participant's expenses in the event the Participant becomes ill or is injured in the United States during his or her observership, including expenses of repatriation should it become necessary. If the Participant does not have such insurance in his or her home country, the Participant will be required to purchase such insurance in the United States, in order to participate in an observership. Each Department will be responsible for obtaining proof of such insurance from the Participant for insertion in the Participant's file.

III. **Procedure:**

PART 1 - BEFORE THE OBSERVER ARRIVES IN THE US

If a Department is interested in inviting a foreign national to participate in the International Observership Program, the Department should visit the University of Miami's Export Control Compliance website (<https://www.ora.miami.edu/compliance/export-control-compliance/>) and submit the appropriate form for restricted party screening (RPS) and export control review. The approved clearance by ECTM must be obtained prior to any invitation offer being extended. Questions about this process can be directed to ECTM directly at: exportcontrol@miami.edu

The Department should then draft a letter of invitation on Department letterhead to the Participant, in substantially the form as attached hereto as Attachment 1. The letter should be signed by the UM Department Sponsor inviting the Participant and the Department Chairperson. Invitation letters for pre-degree Participants (students) should then be sent to Ana E. Campo, MD, Associate Dean for Student Affairs, University of Miami Miller School of Medicine, for co-signature. Invitation letters for post-degree Participants should be sent to Sheri Keitz, MD, PhD, Senior Associate Dean for Faculty Affairs and Associate Vice President for Human Resources, University of Miami Miller School of Medicine and UHealth System, for co-signature.

Once Dr. Campo or Dr. Keitz signs the letter, the Department may send the letter to the Participant.

PART 2 - AFTER THE OBSERVER ARRIVES IN THE US

Upon arrival at the University, the Department should have the Participant complete the Agreement and Release Form (see Attachment 2) and Participant Contact Information (see Attachment 3), and the Department should complete the Participant's Documents Form (see

Attachment 7). The Department should also obtain copies of the Participant's passport biographical information page, unexpired passport expiration date page, B-1/B-2 visa (where applicable), front and back of Form I-94 (small white card usually located in the passport), and proof of medical insurance specifying beginning and ending dates of coverage if observership will last longer than two weeks. Please note that Participants who enter the U.S. on the VWB/VWT Program do not obtain a Form I-94 at the U.S. port-of-entry. If the Participant's documents are in order, the Department will notify the Office of Medical Security via e-mail that the Participant may engage in the University of Miami International Observership Program and that a University of Miami identification badge may be issued.

Upon the expiration date of the Participant's observership, the Department should confirm the Participant's departure from the Medical School.

If a Participant terminates his/her Observership earlier than anticipated, the Participant should inform his/her Department thereof.

For a complete directory of the administrators involved in the International Observership Program Policy and Procedure, see Attachment 5.

Separate guidelines have been established for CME off-site conferences, see Attachment 6.

ATTACHMENT 1

**UNIVERSITY OF MIAMI INTERNATIONAL OBSERVERSHIP PROGRAM
LETTER OF INVITATION**

[DEPARTMENT LETTERHEAD]

Dear Dr./Mr./Ms. _____:

The University of Miami, in keeping with its commitment to global exchange, is pleased to invite you to participate in an observership at the Department of _____.

As part of your Observership, you will be permitted to observe the activities of the University's [department/division/institute], which include [description of the activities of the department/division/institute]. Your Observership will be for a [two-week, one month, etc.] period from _____ to _____.

Your Observership is strictly an observational tutorial program, which does not permit any direct patient contact or care or any research or other hands-on work. Your Observership is not an offer of or employment by the University of Miami and you shall not receive, or be entitled to receive, any compensation or remuneration for your participation in the Observership.

The University of Miami is very pleased to offer you this opportunity and looks forward to your participation in the International Observership Program.

Sincerely,

The following three signatures are required to participate in the University of Miami International Observership Program:

1) UM Department Sponsor inviting Participant:

_____	_____
(name)	(title)
_____	_____
(signature)	(date)

2) **Department Chairperson:**

(name) (title)

(signature) (date)

3) **Ana E. Campo, MD**
Associate Dean for Student Affairs
University of Miami Miller School of Medicine (invitation letters for pre-degree Participants only)

(signature) (date)

OR

Sheri Keitz, MD, PhD
Senior Associate Dean for Faculty Affairs and Associate Vice President for Human Resources
University of Miami Miller School of Medicine and UHealth System (invitation letters for post-degree Participants only)

(signature) (date)

ATTACHMENT 2

**UNIVERSITY OF MIAMI INTERNATIONAL OBSERVERSHIP PROGRAM
AGREEMENT AND RELEASE FORM**

Department must obtain completed Agreement and Release Form from Participant along with the following copies:

- *Passport biographical information page*
- *Passport expiration date page*
- *B-1/B-2 visa (where applicable)*
- *Form I-94 (available and printable by the Participant after his/her arrival in the U.S. at www.cbp.gov/i94)*
- *Proof of medical insurance specifying beginning and ending dates of coverage if observership will last longer than two weeks*

I, Dr./Mr./Ms. _____
(First name) (Middle initial) (Last name)
of _____, in consideration of being allowed to participate in an
(City) (Country)
observership (the "Observership") at the University of Miami (the "University") do hereby agree that:

1. I understand and agree that my Observership will be for a period of _____
(Length of time)
from _____ to _____, and that it shall consist of observing the activities of
(Month/Day/Year) (Month/Day/Year)
_____. At the end of such period, I understand that my
(Department name)
Observership will cease and I will no longer be permitted access to University facilities. I further understand and acknowledge that the University shall in no way be responsible for monitoring or ensuring my departure from the United States.

2. I agree that I will obtain a B-1 or B-2 visa or other temporary visitor status from the appropriate authorities for the purpose of participating in my Observership and I agree to maintain and comply with all the requirements of such status for the duration of the Observership.

3. I understand that my Observership is for observation **ONLY**. I will not be permitted to actively participate in patient care or contact, examination, research or other work during the Observership. I understand and agree that my Observership is in no way an offer of or employment by the University and that I shall not receive, nor be entitled to receive, any compensation, reimbursement or remuneration for my participation in my Observership. I further agree to release the University from any and all claims to compensation, reimbursement or remuneration related to my Observership. I also understand and agree that at no time will I be considered or deemed to be an agent, servant or employee of the University.

4. I understand that I will be observing the activities at a major research university and I therefore agree to act appropriately and in a professional, courteous manner during my Observership. I understand and agree that the University may terminate my Observership at any time, with or without cause.

5. I understand that during my Observership, I may have access to, or may observe, certain information that is proprietary to the University and I hereby agree not to disclose, discuss or reveal any such information to parties outside of the University and to keep any University records or files, confidential. I also agree to keep any information about patients I may observe confidential and not to disclose, discuss or reveal any such information to anyone other than those involved in my Observership with me.

6. I acknowledge that I have insurance in my home country which will cover my medical expenses (including repatriation should that become necessary) in the event I become ill or injured in the United States during my Observership, and that I will be required to show proof of such insurance upon my arrival at the University if my Observership will last longer than two (2) weeks. If I do not have such insurance upon my arrival at the University, I understand that I will be required to purchase such insurance, in order to participate in the Observership.

7. Depending on the length and nature of my Observership, I understand that I may be required to show proof that I have been tested for tuberculosis in the past twelve (12) months.

8. In the event I shall be observing the activities of a department where there may be airborne pathogens, or whose work involves contact with potentially infectious diseases including, but not limited to, HIV, hepatitis or tuberculosis, I hereby agree to assume all risks and responsibilities associated with participation in such an observership. Furthermore, I hereby agree to release, indemnify and hold harmless the University of Miami, including its present and former Trustees, officers, directors, faculty, employees, agents and Participants from and against any and all losses, expenses, claims, actions, liabilities and judgments (including attorney fees through the appellate levels), which I, my dependents, assigns, personal representatives, heirs or next of kin, may sustain or suffer as a result of or arising out of my contact with such airborne pathogens or infectious diseases, whether caused by the negligence of the University of Miami, persons acting on its behalf or otherwise.

9. In consideration of my being allowed to participate in the Observership, I agree to release, indemnify and hold harmless the University of Miami, including its present and former Trustees, officers, directors, faculty, employees, agents and Participants from and against any and all losses, expenses, claims, actions, liabilities and judgments (including attorney fees through the appellate levels), which I, my dependents, assigns, personal representatives, heirs or next of kin may

sustain or suffer as a result of or arising out of my participation in the Observership, whether caused by the negligence, action or inaction of the University of Miami persons acting on its behalf or otherwise. I also agree that I shall be fully responsible for any and all loss or damage that I inflict upon any person or upon the University's facilities during my participation in the Observership.

10. I understand that this release is intended to be as broad and inclusive as is permitted by the laws of the State of Florida.

11. I have read and understood this Observership Agreement and Release and I do voluntarily sign said document of my own accord and as a condition of being allowed to participate with my Observership.

Participant Signature

Print Name: _____

Date: _____

ATTACHMENT 3

**UNIVERSITY OF MIAMI INTERNATIONAL OBSERVERSHIP PROGRAM
PARTICIPANT CONTACT INFORMATION**

Legal Name: _____
(Last) (First) (Middle)

Local Address: _____
(Street Address, Apartment, Building, etc.)
City: _____ **State:** _____ **Zip Code:** _____

Phone: () _____ - _____ **Email:** _____

Permanent Address: _____
(Street Address, Apartment, Building, etc.)
City: _____ **State:** _____ **Country:** _____ **Zip Code:** _____

Phone: () _____ - _____ **Email:** _____

University of Miami Department Address: _____
(Department Name)

(Street Address, Apartment, Building, etc.)
Zip Code: _____ **Locator Code:** _____

Phone: () _____ - _____ **Email:** _____

Emergency Contact Name: _____ / _____
(Last) (First) (Relationship to you)

Emergency Address: _____
(Street Address, Apartment, Building, etc.)
City: _____ **State:** _____ **Country:** _____ **Zip Code:** _____

Phone: () _____ - _____ **Email:** _____

Spouse Name: _____
(Last) (First)

ATTACHMENT 4

**UNIVERSITY OF MIAMI INTERNATIONAL OBSERVERSHIP PROGRAM
CERTIFICATE OF PARTICIPATION**

This certifies that _____ has successfully completed a (length of observership, i.e. 2-month, 6-week, etc.) observership program at the University of Miami observing the activities of the _____ (Department).

Certified this ____ day of _____, _____, in Miami, Florida.

[Department Chair or Administrator]

ATTACHMENT 5

**UNIVERSITY OF MIAMI INTERNATIONAL OBSERVERSHIP PROGRAM
DIRECTORY**

Ana E. Campo, MD
Associate Dean for Student Affairs
University of Miami Miller School of Medicine
1600 N.W. 10th Ave, Suite 2102
Miami, FL 33136
Tel: (305) 243-3075
Fax: (305) 243-9893
Email: acampo@med.miami.edu

Sheri Keitz, MD, PhD
Senior Associate Dean for Faculty Affairs and Associate Vice President for Human Resources
University of Miami Miller School of Medicine and UHealth System
Park Plaza West - Garage, Suite J
Miami, FL 33136
Tel: (305) 243-6551
Fax: (305) 243-5574
Email: skeitz@med.miami.edu

ATTACHMENT 6

UNIVERSITY OF MIAMI INTERNATIONAL OBSERVERSHIP PROGRAM

CME OFF-SITE CONFERENCES: GUIDELINES FOR INTERNATIONAL CONFERENCE ATTENDEES

1. University of Miami conference materials, including original letters of invitation, should not include any information on visas or any other immigration information.
2. Departments should maintain a list of the international conference attendees with their home addresses.
3. International conference attendees should not be allowed to engage in any type of activity throughout their stay other than to observe.
4. International conference attendees who prolong their stay beyond the conference dates and visit the University of Miami for more than one day must complete the University of Miami International Observership Program Agreement and Release Form and Participant Contact Information.

ATTACHMENT 7

**UNIVERSITY OF MIAMI INTERNATIONAL OBSERVERSHIP PROGRAM
PARTICIPANT'S DOCUMENTS**

OBSERVER:

Family Name (surname) _____ First Name _____

PASSPORT:

Expiration Date _____
(mon/day/year)

U.S. VISA:

Type _____ Date Issued _____ Expiration Date _____
(mon/day/year) (mon/day/year)

U.S. CITIZENSHIP AND IMMIGRATION SERVICES FORM I-94:

Class _____ Admitted _____ Until _____
(mon/day/year) (mon/day/year)

UM EMPLOYEE COMPLETING THIS FORM:

Name (please print) _____

Signature _____

Today's Date _____
(mon/day/year)

ATTACHMENT 8

**UNIVERSITY OF MIAMI INTERNATIONAL OBSERVERSHIP PROGRAM
VISA LETTER**

April 30, 2018

To Whom It May Concern:

This is to certify that (Name of Participant) will participate in the University of Miami International Observership Program from (date) to (date).

The International Observership Program is open to qualified foreign nationals who wish to visit the University for a short period of time to observe the activities of a particular department, division, center or institute at the University.

A foreign national wishing to participate in the International Observership Program is responsible for obtaining a B-1 (Visitor for Business) or B-2 (Visitor for Tourism) non-immigrant visa from the appropriate authorities and for maintaining and complying with all legal requirements of such status during the entire duration of his/her Observership.

If you have any questions, please do not hesitate to contact the (Name of Department) at 305-xxx-xxxx.

Sincerely,